## 

FEC FORM 1

## STATEMENT OF ORGANIZATION

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NAME OF     COMMITTEE (in full)	(Check if named) is changed)	ne Examp over th	le:If typing, type e Ilnes.	12FE4M5	en e
L Jenny Horne for Cor	ıgresş , , , , ,	<u> </u>	<u>.l., l. l., l., l.</u>	<u> </u>	
	<u> </u>				
ADDRESS (number and street)	133 E. 1st Nor	th <sub>i</sub> Street <sub>i</sub> Su	it <u>e 5 , , , , , , , , , , , , , , , , , , </u>	<u>                                     </u>	
(Check if address is changed)		<u></u>	<u> </u>	<del></del>	
,	Summerville CITY A			SC 2	9483   -
COMMITTEE'S E-MAIL ADDRES	SS				
(Check if address is changed)	ienny@jenny Optional Second E-M iennyhornefo	ail Address	concentricoffic	e.com	
COMMITTEE'S WEB PAGE ADD	DRESS (URL)				
(Check if address is changed)	լ www.jennyh	orne,com <sub>L</sub>			
		<u> </u>		<u> </u>	
2. DATE 11 05	5 / 2015				
3. FEC IDENTIFICATION NU	JMBER ▶	Z			
4. IS THIS STATEMENT	NEW (N) C	PR	AMENDED (A)		
I certify that I have examined th	is Statement and to the	best of my kno	wledge and belief It	is true, correct an	d complete.
Type or Print Name of Treasurer	Milinda A. Su	llivan			
Signature of Treasurer	MA	sull.	<del></del>	Date 11	05 2015
NOTE: Submission of false, errone	ous, or incomplete inform				penalties of 52 U.S.C. §30109.
Office Use		Fe	r further Information c deral Election Commissi		FEC FORM 1 (Revised 06/2012)

Local 202-694-1100

F	EC Fo	orm 1 (Revised 02/2009)	age 2
TYPE	OF C	COMMITTEE	
Can	(511.70)	e Committee:	
(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Commence of the Commence of th	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
Name Cand	e of lidate	Jenny Horne	
Cand Party	idate Affiliation	Office Sought: X House Senate President  Dist	04
(c)	Action 1977	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	mmittee:	
(d)	J. State of the st	(National, State (Democr This committee is a or subordinate) committee of the Republic	atic, an, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)	4	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or	rganization is a:
		Corporation Corporation w/o Capital Stock Labor	Organization
		Membership Organization Trade Association Cooper	rative
		In addition, this committee is a Lobbylst/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (I.e., nonconnected committee)	fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		in addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mor committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Com	nmittees Participating in Joint Fundralser	
	1.	FEC ID number C	and the second s
	2.	FEC ID number	kapan Arana da kanan kasan d
	3.	FEC ID number	parting a comparate and general as
	4.		ti is <del>maniferantiferantiferantiferantife</del>

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	/rite or Type Committee Name		i ago U
,	Jenny Horne for C		
6.	· · · · · · · · · · · · · · · · · · ·	Organization, Affillated Committee, Joint Fundralsing Representative, or Leadershi	p PAC Sponsor
L			
_			
	Mailing Address		
			 <u>                                    </u>
		CITY STATE Z	IP CODE
	Relationship: Connected	d Organization Affiliated Committee Joint Fundralsing Representative Lead	ership PAC Sponsor
7.	Custodian of Records: Ider books and records.	ntify by name, address (phone number optional) and position of the person in posse	ession of committee
	Full Name Sue C	arlin , , , , , , , , , , , , , , , , , , ,	
	Mailing Address	PQ Box 2485	
		LSpringfield LIII LVA 22152	<b></b>
	Title or Position	CITY STATE Z	P CODE
	Compliance Office	Telephone number 703 - 56	9 - 9481
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
	Full Name of Treasurer <u>  Milin</u>	da AnnıSullivanı ı ı ı ı ı ı ı ı ı ı ı ı ı ı ı ı ı ı	
	Mailing Address	_ 133, E, 1,st, North, St. Suite 5	
		Summerville	P CODE
	Title or Position Treasurer	Telephone number 843-1-87	3 - 1721

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Full Name of Designated Agent		1-1-1-1-1-	
Mailing Address			
		<del>                                     </del>	
	CITY	STATE	ZIP CODE
Title or Position	<u>.</u>		
	Telepho	one number	J- L
· <del>·</del>			<del></del>
<ul> <li>Banks or Other safety deposit box</li> <li>Name of Bank, D</li> </ul>	Depositories: List all banks or other depositories in which the ses or maintains funds.	committee deposits fund:	s, holds accounts, rents
. Name of bank, D	epository, etc.		
	BB&T	1111111	
Mailing Address	1909 K, Street, NW	<u> </u>	
	Washington		20006
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

## Express

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BRAD MONT
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8136 OLD KEENE MILL ROAD
SUTTEN SUTTEN VA 221521863
UNITED STATES US

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Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
PREPARER MP	M/G DATE PREPARED
(3/2015)	DATE FREFARED